

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/1188240

CLAIMS

|    | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|----|----------|------|------------------------|------|------------------------|------|
|    | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
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TOTAL  
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DEP.

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CLAIMS

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TOTAL  
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TOTAL  
CLAIMS